02-08-01 Please type a plus sign (+) inside this box →

PTO/SB/05 (12/97) Approved for use through 09/30/00. OMB 0651-0032

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## UTILITY **PATENT APPLICATION TRANSMITTAL**

Attorney Docket No. TI-29681A First Named Inventor or Application Identifier Burshtein et al. Method and Apparatus for Robust and Low-Complexity QAM

(Only for new nonprovisional applications under 37 CFR 1.53(b))

		(-//	Express N	lail Label	No.		EL255677573US				
		N ELEMENTS ing utility patent application cont	ents	ADD	RESS	TO:	Assistant Commis Box Patent Applic Washington, DC 2	ation	, 82 82 82 82 82		
	ransmittal Form ( t an original, and a d	e.g., PTO/SB/17) uplicate for fee processing)		6.		Microfich	ne Computer Program (/	Appendix)	2/6		
2.  (prefer	ication rred arrangement criptive title of the l		14	<sup>]</sup> 7.			/or Amino Acıd Sequenc // <i>necessary)</i> ¬	e Submission	J10		
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	ement Regarding F rence to Microfich	Fed sponsored R&D e Appendix			b.	Paper Copy (identical to computer copy)					
	ground of the Inve Summary of the li				C. Statement verifying identical of above copies						
	Description of the iled Description	Drawings (if filed)			ACCOMPANYING APPLICATION PARTS						
- Clain - Abstr	n(s) ract of the Disclos	ure		8.		Assignm	nent Papers (cover shee	t & Documents(s	s))		
3. X Drawir	ng(s) (35 USC d11	(3) [Total Sheets	4	J 9.			§3.73(b) Statement nere is an assignee)	Powe Attorn			
4. Oath or Declara	ation	[Total Pages	1	] 10.			lish Translation Document (if applicable)				
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b	(for continuation/	r application (37 CFR §1.63(d))  divisional with Box 17 completed	d)	12.	X	1	ary Amendment				
	Box 5 below]		13.	X	Return F (Should	Receipt Postcard (MPEP be specifically itemized)	503)				
i.	Signed named	FION OF INVENTOR(S) I statement attached deleting invite the prior application, CFR §1.63(d)(2) and 1 33(b).		14. Statement(s) Statement filed in prior application Status still proper and desired  (PTO/SB/09-12)  Certified Copy of Priority Document(s)							
5. Incorporative entitle entitle	Ì	16. Other:									
being p hereby	art of the disclosu incorporated by re		whe	A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon.							
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:											
⊠Continuatio	n 🔲[	Divisional Co	ntinuatio	n-in-pa	rt (CIP)	)	of prior application	n No: <b>09/43</b>	7,189/		
Prior applic	ation informat						Group / Art Unit: _				
		18. CORRI	SPOND	ENCE	ADDRE	ESS					
Customer Number or Bar Code Label (Insert Customer No or Attach bar code label here)  Or Correspondence address below											
NAME	Texas Instr	uments Incorporated					· · · · · · · · · · · · · · · · · · ·				
ADDRESS P. O. Box 655474 MS 3999											
CITY	TY Dallas STATE TX						ZIP CODE	75265			
COUNTRY	USA	TELEPHONE	-5271			FAX	972-917-44	118			
Name (Print/Type)		Warren L. Franz		Registration No. (Attorney/Agent) 28,71							
Signature		WH	8				Pate 2/6/01				

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## **FEE TRANSMITTAL** Complete If Known Application Number Patent fees are subject to annual revision on October 1. Continuation of: 09/437,189 These are the fees effective October 1, 1997 Small Entity payments <u>must</u> be supported by a small entity statement, Filing Date 02/06/01 First Named Inventor otherwise large entity fees must be paid. See Forms PTO/SB/09-12. Burshtein et al. **Examiner Name** TBD Group / Art Unit TBD Attorney Docket No. TOTAL AMOUNT OF PAYMENT (\$) 1,03000 TI-29681A

METHOD OF PAYMENT						FEE CALCULATION (continued)									
The Commissioner is hereby authorized to charge to the following Deposit Account,							3.	ADDIT	IONAI	_ FEES					
Numbe	t Account	20-0668  Texas Instruments Incorporated					Large Fee Code 105 127	Entity Fee (\$) 130 50	Small Fee Code 205 227	Entity Fee (\$) 65 25	Fee Description Surcharge - late filing fee Surcharge - late provisional filing fee or cover sheet.		Fee Paid		
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Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description										<u> </u>	
103	18	203	11	Claim	s in excess	of 20	)	Other fee (specify)							
102	78	202	41	Indep	endent Cla	ims ir	excess of 3								
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SUBTOTAL (2) \$320								*Reduced by Basic Filing Fee Paid SUBTOTAL (3)						\$	
SUBMITTED BY												Complete (if appl	cable)		
Typed or Printed Name  Warren L. Franz											Reg. Number	28,716			
Signature					11/1		11/			Date	1		Deposit Account User ID		
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